FREW AMOEN	Docket No. 0630-1952P						
Application		Filing	1	Examiner	Art Uni		
10/773,267-Co		February	9, 2004	C. J. Arbes	3729		
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	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
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TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:		320.00		
x Large Entity				Small Entity			
No additiona	l fee is require	d for this ame	ndment.				
Please charg	je Deposit Acc	count No	02-2448 ir	n the amount of \$			
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X A check in th	e amount of \$	320.00	is enclo	sed.			
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x Charge a	ny additional fili	ing or application	on processing	fees required under 3	7 CFR 1.16 and 1.17		
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rate in the second	RT KOLASC	H & BIRCH, L	LP				
BIRCH, STEWA 8110 Gatehouse							
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Birch, Stewart, Kolasch & Birch, LLP EHC/GH/bsh

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/773,267-Conf. #8566 Application Number FEE TRANSMITTAL Filing Date February 9, 2004 Sung LEE First Named Inventor For FY 2005 Examiner Name C. J. Arbes 3729 Applicant claims small entity status. See 37 CFR 1.27 Art Unit

TOTAL AMOUNT OF PAY	MENT (\$	(\$) 320.00		Attomey Docket No.		0630-1952P		
METHOD OF PAYMEN	IT (check all tha	t apply)				-		
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	) indicated below			<u> </u>		ndicated below, e		he filing fee
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FEE CALCULATION	37 CFR 1.16 an	d 1.17						<del> </del>
1. BASIC FILING, SEARCE	H, AND EXAMI	IATION FEI	ES	<del></del>		-		
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Application Type	<u>Sr</u> Fee (\$)	nall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity (5) Fee (\$)	Fees I	Paid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65	***	
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (include	-						50	25
Each independent claim ov	, -	Reissues)					200	100
Multiple dependent claims							360	180
Total Claims								•
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Indep. Claims Extra	Claims Fee	(\$)	Fee f	Paid (\$)		<del></del>		
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3. APPLICATION SIZE FE								
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sheets or fraction there				dditional 50 or frac	tion ther	eof Fee (\$)	Foo	Paid (\$)
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4. OTHER FEE(S)	Fees	Paid (\$)						
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Other (e.g., late filing s			-		rst mont	th	12	20.00
SUBMITTED BY		-						
Signature	11-7-1	lan	9	Registration No.	40,95	3 Telephone	(703) 20	5-8000

Date May 11, 2006 Name (Print∕Type) Esther H. Chong